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# Why Worry About the Politics of Childhood Undernutrition?

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**Summary.** — Undernutrition affects over 2 billion people; but most of the global policy focus has been on technical solutions rather than an understanding of nutrition politics. This paper reviews existing literature on nutrition politics and policy. We identify a number of recurring themes surrounding knowledge; politics, and capacities. While the literature on nutrition politics and policy is growing; we demonstrate how there are a number of gaps in our understanding that might be addressed from wider development scholarship on politics and related issues such as power and the state, participation, and accountability.

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**Key words** — child undernutrition, nutrition politics, nutrition governance, global health, policy processes

## 1. INTRODUCTION

Undernutrition affects over 2 billion people. Stunting (short height for a child's age) is a marker of profound physiological and cognitive deprivation that affects 165 million children under five years of age. To date, most of the energy devoted to addressing undernutrition has largely been focused on technical solutions. We argue in this paper for a more politically aware approach to nutrition, that in turn requires an understanding of the political economy of nutrition-relevant determinants, actions, and inactions.

The paper builds on a review carried out for a companion paper (Gillespie, Haddad, Mannar, Menon, & Nisbett, 2013) which considered the relevance of this literature for moving toward concerted action at both global and country levels. This paper aims to do three things not fully covered in (Gillespie *et al.*, 2013). First, it aims to introduce a wider readership to the political nature of undernutrition's causes and consequences. Second, the paper reviews the literature on the politics and processes of nutrition policy making and implementation. Finally, the paper attempts to identify priority research gaps in this literature that can be best filled by a coming together of the nutrition and wider development research communities.

The paper is structured accordingly. The first section briefly reviews the basics of undernutrition for a readership outside the discipline and considers definitions, concepts, distribution, trends, and consequences. A second section justifies the focus on the political economy of nutrition and highlights the potential value of a deeper understanding of current global politics and narratives surrounding undernutrition reduction. The third section reviews the small but focused literature on the political economy of nutrition and summarizes key themes that emerge and how they resonate with the thinking of national and global actors. The fourth section extends this analysis by looking into the broader development literature on power and accountability that we argue is relevant to help us make progress on reducing undernutrition, highlighting how this literature can help address some of the country-level issues. Finally we highlight areas and issues that we find to be priorities of future research, and new opportunities generated for action against undernutrition by thinking more politically.

## 2. THE NATURE OF UNDERNUTRITION AND ITS IMMEDIATE AND UNDERLYING DRIVERS

Undernourished children are more likely to die young and are more susceptible to disease; will suffer stunted physical and mental capability throughout their lives; will do worse in school, and earn less in adult life; and will be more susceptible to non-communicable diseases in adulthood (Bhutta, 2013; Haddad, 2013; Hoddinott *et al.*, 2011; Martorell, 1996; Martorell *et al.*, 2010). Babies born to undernourished mothers are also significantly at risk of fetal growth restriction and death – girls that survive are likely to remain stunted through childhood and adolescence and to transmit their poor nutritional status to the next generation (Black *et al.*, 2013; Harris, 2014). Far from being a spectre of the past, undernutrition is now estimated to be the underlying factor in 45% of all deaths in children under five (Black *et al.*, 2013, p. 18).

When viewed in terms of its scale of impact, persistence in the face of wider economic growth, and inter-relatedness to nearly all aspects of poverty and development, it is remarkable that so little global attention and development effort has been expended, to date, on tackling childhood undernutrition. Development spending on nutrition is hard to track, but in a recent estimate spending on direct nutrition interventions accounted for just 0.4% of Official Development Assistance (ODA) – or \$418 million – dwarfed by spending on development

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and humanitarian food aid of \$4.1 billion ([Development Initiatives, 2013](#)). Recent political attention and further commitments by governments to nutrition spending<sup>1</sup> go some way to addressing this attention and funding deficit, but considered over the span of the past 30 years, the wider political causes and consequences of childhood undernutrition appear to have been neglected or worse, systematically ignored.

Globally, it is estimated that around 25% of all children in Low and Middle Income Countries (LMICs) (equating to 165 million children) are permanently stunted in their physical growth and cognitive development, compared to 40% in 1990.<sup>2</sup> Global wasting<sup>3</sup> prevalence has reduced in this time from 9% to 8% and underweight rates from 25% to around 16% of all children ([Figure 1](#) maps global prevalence). What on first glance seem positive reductions hide a number of significant regional disparities and concentrations: Stunting rates in East Africa are 42%, 35% in South-Central Asia, and it is currently estimated that 90% of all stunted children reside in just 34 countries. Crucially, these declines are far off targets to end malnutrition in the current generation – it has been estimated that current rates will only bring us half way to meet the World Health Assembly's newly agreed target committing governments to reduce stunting by 40% (from 2010 levels) by 2025 ([Black et al., 2013:31](#)).

The key conceptual framework for understanding the causes of, and potential responses to, undernutrition remains that of [UNICEF \(1990\)](#), updated for the new Lancet series on undernutrition ([Figure 2](#)). The framework shows how nutritional status is driven by various interacting factors and processes which play out at different levels and over different time spans.

At an *immediate* level, an individual's dietary intake and her/his health status are paramount. Non-nutritionists often make a critical error in assuming that adequate food is sufficient to prevent and treat childhood nutrition. As we examine in later sections of this paper, many of the dominant narratives on nutrition in development stem from this premise. A diet which is adequate in quantity (calories) and quality (nutrients) is necessary *but in itself not sufficient* to ensure adequate

nutrition; a child weakened by ill-health and disease (e.g., diarrhea) will not absorb sufficient nutrients, however adequate the food provided.<sup>4</sup> Malnutrition in turn will make a child more susceptible to infection. At an immediate level, these two critical determinants – dietary intake and health status – thus interact in a virtuous or vicious cycle.

Another key dimension of nutrition is the life cycle. If a child born to a malnourished mother has a low birth weight she is effectively undernourished at birth, with a significantly higher risk of developmental and health problems throughout childhood and into adult life. She will also be at greater risk of dying in infancy. Significant growth failure in this period will have irreversible consequences for the child in later life ([Harris, 2014; Hoddinott et al., 2011](#)). These lifecycle aspects mean that undernutrition is not only one of the key physical manifestations of poverty, but is also one of the key mechanisms by which poverty – and its consequences – are transmitted intergenerationally.

At the *underlying* causal level, three drivers – summarized as “food, health and care” – condition interactions at the immediate level described above. Household food security relates to a household's access to sufficient quantity and quality of food. Caring capacity and practices include breastfeeding and complementary feeding throughout early childhood, preventive health practices (e.g., vaccination) and the seeking of treatment for the signs of undernutrition and other diseases. And finally, the wider health environment – including access to clean water, adequate sanitation, and the availability of a health system through which basic health services may be accessed – all determine the setting in which the immediate determinants of nutrition operate.

Considering the key public health or development responses, there is now ample evidence for the effectiveness of nutrition-specific or ‘direct’ nutrition interventions which target these immediate or some of the more proximate underlying determinants. Interventions range from community support for breastfeeding to fortifying or supplementing staples with micronutrients which, if scaled up significantly to around

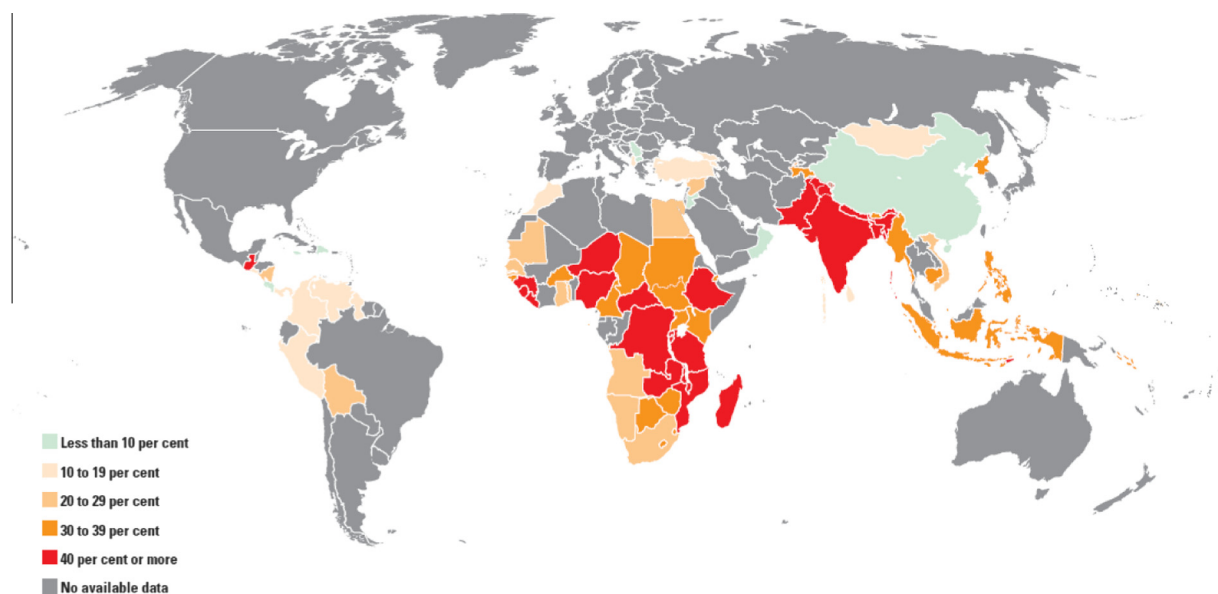


Figure 1. Global stunting prevalence – percentage of children under age 5 who are moderately or severely stunted. Reproduced with permission: ([UNICEF, 2012](#)). UNICEF Global Nutrition Database 2012, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

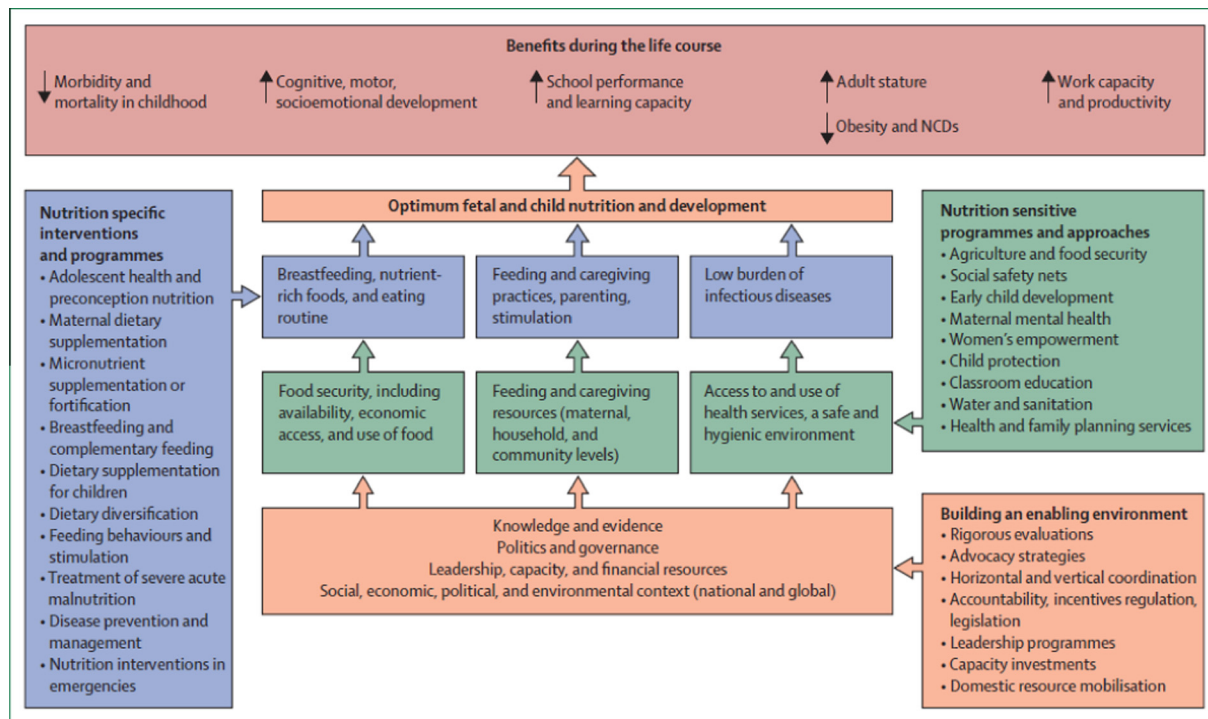


Figure 2. Framework for actions to achieve optimum fetal and child nutrition and development. Reprinted from *Black et al. (2013)* with permission from Elsevier.

90% coverage in the highest burden countries, are estimated to have the potential to save around 15% of all deaths or reduce the number of stunted children under five years of age by 20% (*Bhutta et al., 2013*). Equitable access to community based programs delivering nutrition interventions in the critical first 1,000 days of a child's life therefore need to be seen as part of a package of basic health and child rights.<sup>5</sup> But the ability of direct nutrition interventions to deal with only part of the undernutrition problem also implies that a substantial contribution<sup>6</sup> is needed from a number of wider 'indirect' programs and interventions that relate to the food, health, and care determinants. In particular these include programs in agriculture, wider poverty alleviation and equitable health systems, water and sanitation, and women's empowerment (*Ruel & Alderman, 2013*).

### 3. THE IMPORTANCE OF NUTRITION'S POLITICAL ECONOMY

Beyond these immediate and underlying determinants of undernutrition, the strength of the UNICEF framework for the current paper's focus is that at the base of this rough pyramid of causal factors are recognized a number of so-called *basic causes* which, together we would argue are constitutive of the political economy of nutrition. These are the wider social, economic, political, and ideological factors recognizable to social or political scientists, which determine a household's basic access to resources and services, and which structure knowledge and power relations within society and community, including gender relations. The UNICEF framework reveals that there is nothing natural in the causes of current high levels of global childhood undernutrition and their persistence in the face of economic growth.<sup>7</sup> While the immediate and underlying determinants are to some extent clear and measurable and mostly amenable to response, they in turn

are rooted in the wider structural causes of poverty and unequal access to resources.

In many accounts of nutrition's causes, these wider structural issues tend to be confined to the black box of the "basic determinants" of undernutrition – a "black" box because it has been underspecified in subsequent research (compared to the underlying and immediate levels). We argue that the dominant features of this black box are political economies: the competing interests, incentives, and ideologies of a range of different actors with direct and indirect interests in nutrition, and the resultant inequalities.<sup>8</sup> Political economy considerations do not only define the space within which purposeful nutrition actions can operate, but they affect their very effectiveness.

Why do we argue for the dominance of political economy over other factors? Economic growth and conflict are also known to have large effects on undernutrition rates, positive and negative, respectively (*Chronic Poverty Research Centre, 2005, 2008; Collier, 2007; FAO, 2012*), so why not focus on them? We acknowledge their vital importance, but note that economic growth and the probability of conflict are, at least in part, shaped by political choices (*Collier, 2007*). For example, economic growth is likely to have a larger impact on undernutrition rates if political choices are made to reduce income inequality (*Haddad, 2014*). On violence, for the state of Andhra Pradesh in India, *Tranchant, Justino, and Müller (2014)* find that an eight-month ceasefire period—an explicit political choice – reversed the adverse effects of drought on undernutrition in communities previously affected by conflict.

Political economy is inherent in the multi-causal nature of nutrition we describe above, because efforts to reduce undernutrition will involve more than the usual number of potentially disparate interests, often working with particularly imperfect and asymmetric information and power. For example, undernutrition reduction necessitates many sectors working in concert: health, food, sanitation, social protection, and women's empowerment, to name a few. By and large, agencies



and organisations in these different sectors do not have nutrition improvement as their core interest; all of them have other prime interests. It is a similar story with the public and private sectors; nutrition is particularly vulnerable to a misalignment of public and private interests because the private sector produces, and has a poor record of marketing, many products that are in direct competition with breast milk and other nutrient-rich foods.

The alignment of interests around nutrition improvement will inevitably therefore need to be achieved through negotiation, contestation, and settlement. Moreover these contestations and negotiations have to be played out in a context where many forms of undernutrition are invisible (neither stunting nor most nutrient deficiencies are obvious from casual observation) and in terms of resource flows to nutrition (there are few budget lines specifically for nutrition). Information on these critical issues is often held asymmetrically—the accountability of nutrition professionals to the citizens they serve is weak due to the lack of data, differences in power between agents, and the lack of transparency of the data that are collected.

#### 4. THE POLITICAL ECONOMY OF NUTRITION LITERATURE

This section reviews literature found in a systematic search for work on nutrition policy and politics.<sup>9</sup> It identifies and explores two streams of nutrition and politics literature: one emerging from nutrition policy, programing and implementation; and another more influenced by the political science, policy sciences, and health systems research literature, but not originating from studies of nutrition. This is a convenient division to structure the discussion below rather than a strict separation in the literature; importantly, the streams begin to converge in the most recent literature.

##### (a) *The policy and politics literature emerging from within nutrition*

The first stream of literature we identify can be classified largely but not exclusively as policy oriented. This literature has both attempted to describe and has been driven by nutrition's shifting place within the wider development policy landscape and has concerned itself with the links between the different sectors driving and determining nutrition outcomes; and the differing roles and incentives and narratives of actors within these sectors. A full history of this literature linked to trends in nutrition narratives and thinking is beyond the scope of this paper (but is stylized in Figure 3 and further explained in Gillespie, McLachlan, & Shrimpton, 2003), so the broadest themes of the last 30–40 years are discussed here.

In the 1970s, nutrition science was poorly connected to development policy and practice. Emerging notions of the multisectorality of nutrition (in terms of causes, consequences, and solutions) led, as Berg succinctly put it in his seminal book in 1973, to nutrition being perceived as “everybody’s business but nobody’s main responsibility” (Berg, 1973, p. 1). Donor-led policy discussions at this time and the associated academic literature strongly recognized the multisectoral nature of nutrition and focused on the associated need for multisectoral planning (Escobar, 1995, pp. 113–115), with a number of ‘nutrition cells’ being established, often in the office of a president/prime minister.

But by the 1980s most nutrition planning cells had ceased to function or had been abandoned. The failure of the notion of multiple sectors somehow being coordinated in complex

master plans by a nutrition cell which rarely had any political clout or funding was later summarized in an important policy retrospective by Field as principally due to a lack of capacity and data for the systems analysis demanded by multisectoral planning, unmet assumptions of political priority, and a focus on planning rather than action (Field, 1987). Multisectorality has continued to dominate as a theme within the nutrition policy literature and the hard-learned lesson from this early work was that a multi-faceted challenge like malnutrition requires action from many sectors, but it does not necessarily require such action to be elaborately choreographed by any one entity.

Conceptually, the start of the 1990s saw a giant step forward in the form of UNICEF’s framework that identified key determinants, organized them at different levels—including a space for economic and political factors – and implicitly gave different actors clearly defined roles. But the nutrition community had much to learn about the politics of development. The papers in Pinstrup-Andersen’s (1993) edited book on the political economy of nutrition highlighted the factors behind nutrition’s low political capital: the poor framing of the nature of the problem and the lack of consensus behind solutions; the low relative power of nutrition actors (who were unable to persuade a political leadership to assign nutrition as a priority); entrenched structural or organizational issues (particularly the fact that nutrition often lacks an institutional or ministerial home); and the difficulty in defining or measuring political commitment. Pinstrup-Andersen’s summary (1993) finds that actor goals, roles, and relative powers are key to understanding and responding to nutrition policy challenges, and concludes with a plea for more contextual political economy analysis in order to yield more useful and realistic results in the field.

Country experience documented by the UN Standing Committee on Nutrition at this time (Gillespie, Mason, & Martorell, 1996) strongly supported the need to understand non-technical issues, including the right combination (Gillespie & Mason, 1991) of state and community-led nutrition-relevant action; institutional support; data on nutrition, and its drivers being used to catalyze and incentivize wider sectoral action (linked to a strong free press); and the process of formulating the policy being viewed as at least as important as the final policy itself.

Evidence on the impacts of and contributions to wider development processes began to emerge more clearly in the early to mid 2000s, with work focusing on outcomes, commitment, and a more nuanced policy perspective on ‘what works’ (Gillespie *et al.*, 2003; Heaver, 2005; United Nations System Standing Committee on Nutrition (SCN), 2004).

The Lancet Nutrition Series of 2008 gave further impetus to the contribution of political economy perspectives, with the paper by Morris (2008) focusing on the fragmented and dysfunctional ‘international nutrition system’ of actors and agencies involved in development nutrition issues. The authors proposed several areas in which improvements were needed – global ‘stewardship’ or leadership; the prioritization of national action outside of emergency situations; and the need to strengthen resources and capacity beyond technical nutrition delivery. Alongside criticizing the fragmented nature of the system and highlighting the need for better governance structures, the authors also called for improved accountability and participation. In the same Lancet volume, Bryce, Coitinho, Darnton-Hill, Pelletier, and Pinstrup-Andersen (2008) considered the reasons for the lack of effective action at a national level and highlighted a number of key points from the literature including the role of leadership, targeted communication, and/or advocacy campaigns, and the disconnect between high-level policy aims and ground-level realities and capacities.

### Evolution of nutrition policy and politics

From the protein era to multi-sectoral planning	From multi-sectorality to nutrition isolationism	Micronutrient era	From obscurity to global priority	Increasing momentum
1970	1980	1990	2000	2010 2014
International Conference on Nutrition, National Development and Planning (1971)	Sen on entitlements (1981)	UNICEF conceptual framework (1990)	MDG 1 (underweight target)	SUN Movement (2010 onwards)
Berg: "The Nutrition Factor" (1973)	Iringa Programme (Tanzania, 1985)	World Summit for Children (1990)	World Bank-UNICEF collaborations (Gillespie et al 2003)	Mainstreaming Nutrition Initiative (2011)
McLaren: "The Great Protein Fiasco" (1974)	Field (1987)	International Conference on Nutrition (1992)	Capacity focus (Heaver 2005)	Nutrition4Growth Summit (2013)
World Food Conference (1975)	Focus on micronutrient supplementation and breastfeeding	Micronutrient Initiative formed (1993)	Lancet Nutrition Series (2008)	Lancet Nutrition Series (2013)
1976 World Bank study			Food price spikes (07-08)	
Nutrition planning cells (mandate without power)			Copenhagen Consensus (2008)	
			Increased focus on the "double burden"	

Figure 3. *Evolution of nutrition policy and politics (authors' own work & Gillespie et al., 2003).*

Further work emerging in this stream include the WHO's 'landscape analysis' of country commitment to nutrition in the 36 high-burden countries identified in the 2008 Lancet series, with countries classified as having high, medium or low commitment based on scoring of a country's commitment in key donor documents and a composite indicator measuring a number of governance indicators. A more recent attempt to build a global index of nutrition commitment has been developed by [te Lintelo, Haddad, Lakshman, and Gatellier \(2012\)](#) and comprises the Nutrition Commitment Index (NCI) and the wider Hunger and Nutrition Commitment Index (HNCI).

#### (b) *Political science, policy process and health policy studies*

The last five years has been perhaps the most fruitful for studies of nutrition policy and politics, in which researchers have begun to merge insights and frameworks from earlier nutrition studies and works that look to the wider development, health policy, and 'policy science' literature in order to understand nutrition's political trajectories. A number of country studies have also finally started to follow [Pinstrup-Andersen \(1993\)](#) edict to broaden our understanding of nutrition policy processes within national social and political contexts.

Prominent in many of the more recent nutrition papers are two political science frameworks emerging from the study of policy processes in the United States – [Kingdon's \(1995\)](#) 'agenda setting framework' and [Clark's \(2002\)](#) application of Laswell's 'policy sciences' framework to environmental policy making. It is notable that there are a number of other political science approaches to policy and policy processes which could have, but which have not been, employed for studies within nutrition, including for example the Advocacy-Coalition framework ([Sabatier, 1988](#)), or institutional choice theory ([Ostrom, 2011](#)). We do not focus on these approaches here.

Kingdon's framework, emerging from the USA health policy arena is useful for its focus on the importance of convergence between political interests ('political streams') and bureaucratic structures and interests ('solution streams')

and the wider catalytic events ('problem streams') that propel particular issues onto the agenda in 'policy windows'.

Clark's environmental application of Laswell's policy sciences framework ([Clark, 2002](#)) is a highly complex methodology drawing from a breadth of social scientific thought. His work focuses on the relationship between the social processes behind policy setting and the formal and informal stages of the decision process behind particular policy decisions. Later applications in nutrition, discussed below, tend to simplify the framework to an understanding the relationships between actors, power, and ideas in Clark's five stages of the process: agenda-setting; policy formulation; legitimation; implementation; and monitoring and evaluation.<sup>10</sup>

Reich adapts Kingdon's model to examine *the politics of agenda setting in international health (1995)* to consider the way in which child health was prioritized over adult health in global health policy. He helpfully adapts the agenda-setting model to separate out the different forms of politics which converge around organisational interests and internal politics, including: the political symbolism of particular issues; the scientific politics which structure the global scientific health discourse; and the economic politics of differing incentives for different actors: in particular the vested interests of the private sector. In developing his political economy approach for a nutrition setting on behalf of the World Bank SAFANSI<sup>11</sup> initiative, Reich's recent work draws on Kingdon's model to consider the political economy of agenda setting around the reform of India's Integrated Child Development Services ([Reich & Balarajan, 2012](#)).

'Agenda setting' in global health is also the focus of perhaps one of the most influential frameworks of recent years in the work of Shiffman and Smith. Drawing on Kingdon's and Reich's work they develop a wider framework in 2007 to explain 'agenda setting' in global health policy with a focus initially on maternal mortality ([Shiffman & Smith, 2007](#)) and then to newborn child survival ([Shiffman, 2010](#)). As with Reich's work, their framework is appealing to social scientists because of the way in which it incorporates insights from

wider political science and focuses attention on narratives, ideas, and the wider distribution of power. The framework divides the factors shaping political priority into four analytical categories: *actor power*, or “the strength of individuals and organisations concerned with the issue”; *ideas*, or “the way in which those involved with the issue understand and portray it”; *political contexts* and *issue characteristics*, the latter, similar to Kingdon’s ‘problem stream’ referring to the nature and severity of the problem itself and whether it can be credibly measured and effectively addressed.

A number of recent studies draw on one or all of these perspectives in country studies of nutrition politics. Benson for example (Benson, 2008) draws on Clark and Kingdon in an assessment of the opportunities and constraints for addressing nutrition as a development priority in four countries (Ghana, Mozambique, Nigeria, and Uganda). He finds four key inter-related elements of policy processes—policymaking structures; political actors; the narrative or persuasive understanding of undernutrition; and timing of policy initiatives. The study finds that none of the governments in study countries have prioritized undernutrition, due to several now familiar factors including: a lack of urgency or feeling of crisis; limited understanding of the determinants or consequences of undernutrition; a lack of resources and competition for existing resources between sectors; the difficulty fitting secondary nutrition goals into existing sectoral mandates; the lack of engagement by civil society; and poor use of any existing human capacity in nutrition.

Echoing these conclusions is a multi-country study (Mejia Acosta & Fanzo, 2012) and an in depth case study of Peru (Mejia Acosta & Haddad, 2014) combining political science and governance/policy in analyzing the horizontal (between sectors) and vertical (between national and sub-national) relationships within government, while highlighting the importance of resource structures and financing mechanisms to match. The authors conclude on the importance of high-level support from the executive; adequately financed co-ordination bodies; and a number of key factors ensuring vertical integration – including local government capacity, earmarked financing, and the support of local politicians. Garrett and Natalicchio (2010) undertake a similar study of multisectoral (horizontal) coordination on nutrition in Senegal and Colombia and highlight the importance of inclusiveness (of institutions and actors), incentives and lateral (as opposed to top-down) leadership.

The papers emerging from World Bank sponsored Mainstreaming Nutrition Initiative (Pelletier, Menon, Ngo, Frongillo, & Frongillo, 2011) are a further important and recent contribution to the field combining the insights of Shiffman and Smith’s agenda setting framework, Clark’s policy sciences framework, and the earlier stream of literature emerging from policy concerns, particularly Heaven’s (2005) work on commitment. Conclusions of note in this and a companion paper (Pelletier *et al.*, 2012) echo Kingdom in noting how long-run societal conditions and/or short-run catalytic events can create opportunities, policy discourse, and space to convene, but conversely how specific catalytic events can skew policy attention to narrower responses (including for example prioritizing food security over nutrition).

Finally in 2012, Haddad looks at another key aspect of the nutrition policy process (Haddad, 2012), noting that political commitment is difficult to achieve and maintain due to malnutrition’s invisibility, multisectorality, and irreversibility (after the age of 2). From a review of the limited literature on commitment, he suggests that to address the invisibility of the issue, stronger accountability mechanisms and monitoring systems are required; to tackle multisectorality, attention needs to

be focused on infrastructure, incentives, and institutions; and to deal with irreversibility, improved government responsiveness is required. He then proposes various tools to address each of these requirements, building on a wider range of innovations in current development research and practice, including commitment indices, community scorecards, real-time monitoring, and nutrition diagnostics. The evidence on these tools is also further reviewed in (Gillespie *et al.*, 2013).

### (c) *Summary – key themes in the nutrition policy and politics literature*

The proliferation of frameworks means it is difficult to synthesize this work around a central conceptual framework that serves all purposes. Nevertheless three themes have re-occurred throughout the work we have reviewed:

1. the importance of narratives, framings, and communication of evidence and knowledge surrounding the causes, consequences, prevention, and treatment of undernutrition;
2. the political economy of different stakeholders, ideas, and interests which both shape the narratives and available knowledge and enable and constrain the processes by which this knowledge is turned into action; and
3. the capacity (both technical and strategic) and resources available throughout the system for successful implementation of nutrition specific or sensitive programs and public service delivery.

Politics or political economy pervades each of these themes, which could alternatively be labeled the politics of knowledge; the politics of actors and interests, and the politics of human and financial resources; which structure action in the nutrition sphere (Figure 4). These three themes form the central structure of the companion Lancet paper (Gillespie *et al.*, 2013) and have strong resonance with both the views of actors in the field (Box A) or with wider approaches to policy processes and political economy in development studies. For an example of the latter, a wide ranging review of the general policy process literature by Mooji and de Vos (2003) highlights the role of actor interests, interaction and bargaining in decision making; stressing the role of discourse and the central role of politics.

### **Box A** The rising SUN.

Launched in September 2010, the Scaling Up Nutrition (SUN) Movement is now one of the most important symbols of the increased global interest in child and maternal nutrition. Emerging from the UN and donor network, SUN has worked hard to be seen as country led and to shift responsibility for its actions to its growing number of country leads. It is now directed by a ‘Lead Group’ of heads of state and other key actors and run by a small secretariat of UN and donor secondees, with a stated core focus to galvanize national and country-led action on nutrition. By May 2014 SUN had grown to include 50 countries committed to scaling up direct nutrition interventions and advancing nutrition-sensitive development, including 26 of the 34 highest burden countries (though still not including India where one third of all stunted children live). Alongside this growing network of Country members, who share plans



and achievements, SUN also supports networks for Civil Society, Donor, Business, and UN system co-ordination at global and national levels. The movement has attempted to catalyze change in many member countries in terms of building multi stakeholder platforms, aligning nutrition-relevant programs within a common results framework and mobilizing national resources (SUN Secretariat, 2012).

While it is too early to attribute any success to SUN on the ground in terms of nutrition outcomes, it is clear that the movement has had a significant impact on both global and national agendas. But how big is the gap between this new found global commitment and national action? To begin getting answers to this question the UK's Institute of Development Studies and the International Food Policy Research Institute facilitated an online consultation in December 2012 that engaged 75 key stakeholders from different organizations (government, academia, civil society, and public-private partnerships) in Bangladesh, Nepal, Indonesia, Ethiopia, Nigeria, and Kenya (countries that account for 20% of the world's stunted children under 5). The aim was to uncover the range, diversity, and nuance of local perceptions on key issues relating to SUN membership and participants were asked to reflect on their expectations, challenges, constraints, and opportunities. A detailed analysis of narrative threads was undertaken over the week spent discussing this theme.<sup>12</sup> The results confirmed many of the issues raised in our literature review and the pivotal importance of the key themes we summarized as (a) framing, knowledge, and evidence, (b) politics and governance and (c) capacity and resources.

Of 146 discussion items that were raised in the four days on "challenges and constraints", 56 (38%) concerned issues of *politics and governance*. The two leading discussion points in this field by far were (a) horizontal coordination (between sectors) and (b) vertical coordination (from national to community levels), especially the challenges posed by decentralization. Difficulties in fostering coordination and collaboration between (and within) different ministries, a related lack of clarity and consensus vision on what scaling up means, on roles and responsibilities, and limited (or ineffective) nutrition-sensitive policies were perceived as major hurdles to progress. Decentralizing SUN is a particular challenge in some countries, with concerns expressed over how to translate the national-level momentum of SUN into community-level impact. A third political concern concerned private sector engagement with nutrition. Though this was not a particularly common discussion point, respondents were the most polarized (thus enhancing the visibility of the issue within discussion threads). Many saw private sector engagement as essential but requiring strong regulation; a minority was deeply suspicious of motivations.

The second most commonly discussed theme was *capacity and resources* (37 posts, or 25% total). The two big issues here were (a) the capacity of community-level workers to implement and monitor nutrition interventions, and (b) the challenge of mobilizing and sustaining resources to support the scale up of nutrition-specific interventions. Both current capacity and financing are viewed by many as insufficient for achieving the scale

up required, and there are challenges with regard to budgetary allocation (e.g., emphasis on treatment over prevention) and coordination.

The third most commonly discussed challenge (28 of 146 posts, or 19% total) related to *knowledge, evidence, and understanding* of nutrition, which evenly applied across of all levels of actor, from policymakers to front-line workers. According to the participants, lack of quality monitoring and evaluation data affects assessment of impact of interventions, weakens advocacy strategies, accountability, learning and jeopardizes funding.<sup>13</sup>

## 5. WHERE NEXT? SOME NEW DIRECTIONS FROM WIDER DEVELOPMENT THINKING

Given the recent injection of health systems research, development thinking and political science into nutrition it is no accident that the dominant themes we have identified are resonant with other political frameworks. But despite a rich and growing literature there is still greater potential to bring more development perspectives or wider social thought into the field of nutrition politics. In the next two sections we focus on the gaps in the literature. First we consider in more detail where nutrition researchers might thicken their understanding of the relationship between the citizen and the state, considering perspectives on power, the state, and accountability. In the final section we return to our themes of the politics of knowledge, actors, and capacity/resources and consider further gaps and emergent themes.

### (a) *Power and the state: from nutrition governance to governmentality*

Power features heavily throughout the studies we have cited so far, but usually in a much simplified form – the power to persuade or enact. A review of the wider social science work on power yields a number of more sophisticated analyses, many of them which have been employed in development studies and practice, which go beyond this 'power over' model (for a review see (Eyben, Harris, & Jethro, 2006; Gaventa, 2003, 2006; Gaventa & Barrett, 2012)). One model, the power cube (Gaventa & Pettit, 2011) (Table 1), draws from the work of Lukes (1974, 2005) and others, and considers the different spatial levels and different types of social spaces in which power operates; and the different forms (invisible, hidden, and visible) which power takes through the action of agents at each of these levels and spaces (Table 1).

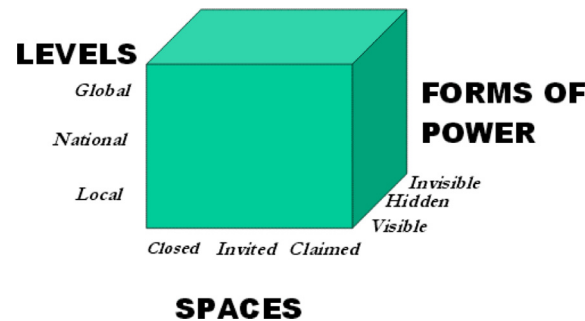
Such an approach would have application to the vertical (levels of power) and horizontal coordination issues (forms of power) highlighted in the online SUN consultation, or to the engagement of the private sector. The latter is often accused of claiming spaces of power through, for example, advertizing that violates codes of conduct (which could be seen as a claimed space of power operating in visible, hidden, and invisible forms depending on its direct and indirect influence over consumer, practitioner, and policy maker behavior).

An alternative view, and one of the most prominent perspectives on power in social sciences draws from the work of Foucault to conceptualize power as diffuse across a range of actors and entities engaging each other in overlapping and competing domains of knowledge and ideas or discourse. Here the state is seen as heterogeneous and not always the most powerful



Table 1. *The power cube explained*

Forms of power	Visible power includes the aspects of political power that we ‘see’ – formal rules, structures, institutions, and procedures informing decision making. In other words, it is about how those people with power use existing procedures and structures to control the actions of others	Hidden power is exercised when powerful people and institutions maintain their influence by setting and manipulating agendas and marginalizing the concerns and voices of less powerful groups. Those with power see and understand these rules of the game; others do not	Invisible power shapes people’s beliefs, sense of self, and acceptance of the status quo. Processes of socialization, culture, and ideology influence how individuals think about their place in the world perpetuate exclusion and inequality by defining what is normal, acceptable, and safe
Spaces of power	Spaces are closed when decisions are made behind closed doors – often without even the pretence of extending the opportunities for inclusion	Spaces are invited when various kinds of authorities invite people to participate in decision-making processes as citizens, beneficiaries or users. Although these spaces could become opportunities for genuine collaboration, agendas are often pre-determined	Spaces are created/claimed when less powerful actors go against or emancipate themselves from the most powerful and create autonomous spaces for engagement and action
Levels of power	Local	National	Global



The ‘Power Cube’: the levels, spaces, and forms of power. *Source:* (Gaventa & Pettit, 2011).

\*All text is adapted from Pantazidou (2012) except for text on invisible power, which is adapted from Gaventa (2006), p. 29 citing Veneklasen and Miller (2002).

player in a series of interactions with other actors (see e.g., Chopra (2011a, 2011b) for examples from India). Such an approach moves beyond development understandings of governance and to wider perspectives on governmentality which are increasingly being employed in critical development thinking.

Studies of governance within development are at their core concerned with the functioning of political and state institutions and actors – and of understanding and improving state capabilities and its responsiveness and accountability to its citizens (Moore & Teskey, 2006). Studies of *governmentality* move beyond this wider interest in the conduct of government to the study of the *governance of conduct* (from Dean, 1999:10 & Gupta, 2001). This implies considering all those norms or ‘institutions’ (in the broadest possible sense) including e.g., caste, religion, or patriarchy – or even the very ideologies of the state or the market – which govern people’s everyday conduct, access to resources, and power. This implies modalities of governance and power therefore which *include*, but are *not limited to*, the formal structures of the state.<sup>14</sup> Following the work of Paul Farmer, Jim Yong Kim, Michael Porter (Kim *et al.*, 2013) and others,<sup>15</sup> such an approach also allows us to locate people’s health-seeking behavior in a much wider and systemic appreciation of the structural constraints on, or influences over, their behavior, rather than question why local institutions and behaviors refuse to conform to a technically sought ideal.

Such approaches have yet to be applied wholesale to nutrition, although Box B provides one example of the application of governmentality to nutrition in Gupta’s work on India’s Integrated Child Development Services. This kind of analysis is vital if we are to build more complex models of how programs, implementers, and participants interact and both the deliberate and unintended consequences (Ferguson, 1994) of their interactions.

#### Box: B Understanding the disconnects between design and reality in the ICDS program.

Akhil Gupta’s (Gupta, 2001) ethnographic approach to India’s frontline nutrition delivery via the Integrated Child Development Services (ICDS) is application of *governmentality* to nutrition politics and implementation.

Gupta finds an ICDS primarily concerned with proper regulation, enumeration, and upward accountability rather than outcomes for children. In fact Gupta finds an ICDS barely functioning, beset by absenteeism and, echoing a finding across many evaluations of ICDS (e.g., Gillespie & Measham, 1998; Gragnolati, Shekar, Das Gupta, Caryn, & Lee, 2005), focused on delivering and documenting the delivery of a narrow set of supplementary food outputs rather than the wider integrated service intended by the state. He digs deeper than these evaluations and tries to view ICDS through the eyes of its ‘beneficiaries’ or subjects. He concludes that “in the government of conduct, the state is only one among a number of heterogeneous institutions and cannot simply be assumed to be the dominant player. Nor can it be assumed that the conduct that is desired by planners, policy makers, and bureaucrats is actually achieved, for the subjects of these policies may well alter the nature of the programs themselves, and thus alter the conduct of government as much as it changes them.”

For example, he notes how unintended consequences flow from a decision made in program design not to employ frontline workers but to pay them an honorarium as volunteers and furthermore not to provide rent for the ICDS centre itself. This meant that centres were often located in the home of the worker. On the one hand, writes Gupta, the state was keen to imbue the voluntary role with a recognizable domestic or motherly purpose and ensure the community’s participation via their donation of community premises – but on the other hand, in the absence of an official building most workers found it impossible to maintain a boundary between domestic and state duties. The result was that it was near impossible for their supervisors to regulate suspected ‘misconduct’ extending to feeding one’s own family from the centre supplies, or to accurately monitor attendance at a defined place of work.

#### (b) Nutrition back to its roots – toward new innovations in nutrition accountability and participation?

Theoretical perspectives on governmentality share some common ground therefore with participatory approaches in development which would question the rather top-down and statist assumptions in many models regarding how families suffer from undernutrition in their everyday lives until the state or some other actor ‘intervenes’.<sup>16</sup>

Nutrition, participation, and community-led development were once more closely linked—most famously in the work around community-led development and the Iringa nutrition program, which was influential in the genesis of the UNICEF framework and the triple A (Assessment, Analysis, Action) cycle. But the importance of participatory approaches in nutrition seems to have fallen behind the wider participation literature and makes no significant appearance in either of the Lancet series or the policy literature we reviewed. This is in contrast to the frequent application of participatory approaches to livelihoods, agricultural development, women’s empowerment and sanitation, and other sectors which *indirectly* impact upon nutritional status. Despite the existence of these bodies of work we were unable to find assessments of community vulnerability to the underlying determinants of undernutrition which are both participatory and which allow for systemic analysis of nutrition’s multiple determinants, though there are a growing number of innovations for participatory evaluation of nutrition interventions (see e.g., Cornwall, 2014).

Reuniting nutrition with its more community-based roots to improve the functioning of nutrition-related services. Two recent comprehensive reviews, one of World Bank-funded community-led projects and another of wider participatory approaches, reach remarkably similar conclusions. These stress: first, the importance of adapting interventions to local understandings and perceptions of development (Leavy *et al.*, 2013) or of the role of understanding context in assuring successful development outcomes (Mansuri & Rao, 2013); and second, the importance of effective state involvement in the delivery a variety of public services, linking across formal and informal or modern and traditional forms of governance (Leavy *et al.*, 2013) or put differently the support required from a responsive state, both to build effective local institutions and

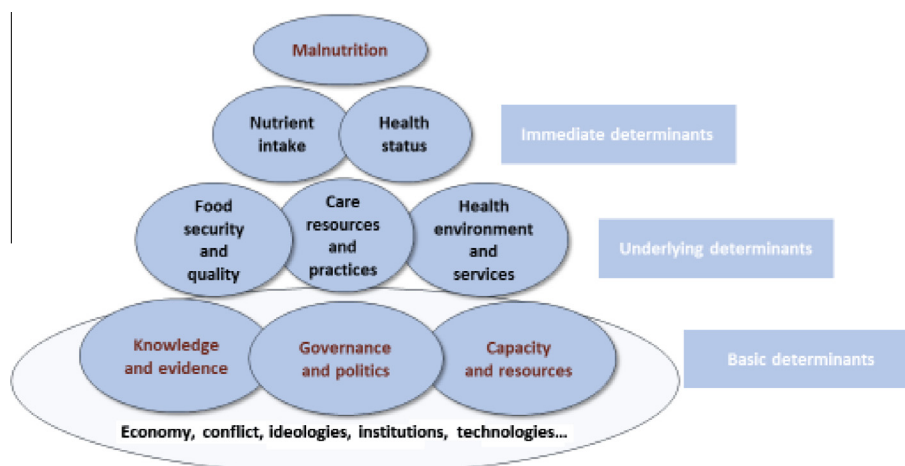


Figure 4. *Expanding our understanding of the political economy of nutrition.*

to introduce clear mechanisms for downward accountability for the effective delivery of services (Mansuri & Rao, 2013). Supporting this latter conclusion, the Bank study found little impact in Bank-funded participatory or community projects on income poverty, but some of the most positive and significant impacts on wider indicators resulted from the encouragement of community engagement in health and education services:

Community engagement leads to significantly larger reductions in maternal and infant mortality, larger improvements in health-related behaviors, and greater use of health facilities than investments in health inputs alone can deliver. Interestingly, successful programs are often located within larger government health delivery systems.

[(Mansuri & Rao, 2013, p. 8)]

Despite considerable innovation in the use of accountability mechanisms in the delivery of public services more generally (see Joshi, 2013 for a review), we see little application of this in nutrition so far – perhaps because of nutrition’s treatment as a technical discipline somewhat removed from development practitioners’ usual concerns with participants’ voice and accountability. The potential, however, could be enormous – one (non-nutrition focused) trial in Uganda using community meetings to reflect on scorecards of community health provision in Uganda found a 33% reduction in mortality in children under five years and a significant decrease in wasting (a 0.14 increase in weight-for-age Z score) (Bjorkman & Svensson, 2009).

Driven by more recent theory and practice in participation and accountability, community accountability initiatives have the potential to be one of a range of tools aimed at improving the voice of local people in how nutrition-specific and nutrition-sensitive services are delivered to them – helping build the wider enabling environments so critical for nutrition interventions to be successful (for a review see Haddad, 2012 and Gillespie *et al.*, 2013). Given the issues of accountability highlighted by the SUN online consultation (Box A), the potential for more participatory analyses and approaches to nutrition programming seem significant.

## 6. CONCLUSIONS AND RESEARCH GAPS

This paper had three stated aims. First, to introduce the reader to the politics of nutrition. We have highlighted the multi-causal nature, irreversibility, and short window of

opportunity that characterizes undernutrition and the resultant asymmetries of information and power, competing institutional demand and co-ordination issues that creates. Second, we have introduced a wider development audience to a small but rapidly expanding set of political economy analyses emerging from the nutrition community which attempt to grapple with these issues and which we summarize as revolving around the politics of knowledge and evidence, the politics of actors and interests, and the politics of human and financial resources. Third we have suggested a number of areas in which this perspective might be enhanced by developing this literature’s understanding of the role of the state and citizens, by focusing in the first place on forms of power and governmentality, and in the second on citizen engagement and accountability.

Finally, in this concluding section the paper attempts to identify the research gaps in this area. The gaps are many and deep and we simply highlight those of recent note to the authors. A careful process of identifying priorities will need to be undertaken in each context and, needless to say, that process will be a political as well as a technical process—one reflecting user/subject needs as well as researcher priorities.

### (a) *Framing, generation and communication of knowledge and evidence*

Some of the best work in the recent policy and politics literature has helped bring to attention the importance of the right ‘framing’ of nutrition knowledge and narratives. Shiffman and Smith’s framework (Shiffman, 2010; 2007), employed among others by Pelletier and colleagues (Pelletier *et al.*, 2012, 2011) is helpful in distinguishing between the internal coherence of narratives and knowledge within the nutrition community (nutrition’s internal framing) and how they are presented to outsiders (its external framing).

But we are still far from understanding the relationships between internal and external frames as enablers or constraints of change – and actually rather further from the levels of global consensus we assume in discussions within bodies such as SUN or within academic nutrition and public health research. National-level debates on seemingly simple issues such as the selection of indicators to measure child growth, for example, can tie up the policy and advocacy capacity of senior decision makers and civil society for years (Hoey & Pelletier, 2011). Even the ‘consensus’ on the Lancet evidence base, to which the current authors contributed, has not been received without controversy (especially in India,<sup>17, 18</sup> which

is also undergoing a wider public debate following efforts to undermine the application of the WHO growth standards to the Indian population<sup>19</sup>). The history of nutrition is beset by such issues and deep divisions – private *vs* public; supplements *vs* local food; breastfeeding *vs* ‘technical approaches’. It continues to contend with powerful countervailing narratives (including the focus simply on food and hunger rather than nutrition’s wider determinants – see e.g., Pelletier, Deneke, Kidane, Haile, & Negussie, 1995) which would misplace the focus of global and national efforts, or at the very least weaken their impact. More research is needed on the relationship between internal and external frames and their impact on policy and action, and on how to build consensus and trust in deeply divided areas (Hoey & Pelletier, 2011).

(b) *Political economy and governance of stakeholders, ideas and interests*

Alongside understanding the politics of nutrition knowledge we have stressed the need for better knowledge of the politics of nutrition as the central contribution of this paper. There have been some positive advances in this field, and our tentative ideas toward more nuanced perspectives toward power and the state were explored above. But recognizing that real political commitment is still absent in many high-burden countries, we still lack effective knowledge on what can best drive that commitment and turn this into action on the ground. Here there are a number of tools and approaches which might be helpful which we have mentioned already or elsewhere (Gillespie *et al.*, 2013; Haddad, 2012) such as the Hunger and Nutrition Commitment Index, advances in social accountability mechanisms, real-time monitoring or policy diagnostics. While they have potential, they need to be subject to more rigorous assessment and evaluation of their effectiveness in both raising the commitment or responsiveness of the state, and improving services, alongside wider rights based campaigning (including e.g., the Right to Food) and other forms of advocacy on nutrition and hunger issues (Pelletier, Haider, Hajeerhoy, Mangasaryan, & Mwadime *et al.*, 2013).

We have also stressed the importance of seeing nutrition as a problem spanning many sectors determining nutrition outcomes – it is the political economy of how these sectors interact which remains another of the most important knowledge gaps in this field. One of the most visible impacts of recent policy attention to nutrition has been the initiation of a large number of new multisectoral initiatives and co-ordination bodies in many different countries, in numerable configurations. Compared to the 1970s nutrition planning cells, many of these initiatives are better funded and better supported politically and so may yet overcome the problems which beset the earlier incarnations. But we lack knowledge on how these

mechanisms are actually functioning (and whether they lead to action), and what kinds of co-ordination mechanisms work best. Answers to the question of whether the locus of nutrition co-ordination sits better within the Prime Minister’s Office, the Planning Ministry, or the Health ministry- or is better devolved to some federal, regional or district level and so on-will depend much on the political economy of nutrition in the country in question. This calls for many more structured country studies that make use of a range of analytical frameworks, and build on the few studies we already have (Benson, 2008; Garrett & Natalicchio, 2010; Harris & Drimie, 2012; Pelletier *et al.*, 2011).

(c) *Capacity – individual, organisational and systemic – and financial resources*

Finally, gaps in our knowledge of capacity, and in implementation or the ‘delivery science’ of nutrition remain among the biggest gaps both within the literature and identified by our respondents to the consultation discussed above. It has become clichéd to talk of the gaps between policy and action, rhetoric and reality – and yet gaps in coverage and implementation are highlighted time and time again in our primary research.<sup>20</sup> There is as yet no systematic attempt to learn from other sectors – particularly health sectors such as HIV/AIDS or tuberculosis treatment (Bekker, Myer, Orrell, Lawn, & Wood, 2008; Keshavjee & Farmer, 2010; Stover *et al.*, 2006; Stringer *et al.*, 2006) – which have attempted to scale up treatment and prevention fast. There is little knowledge as yet of the links between capacity of individual frontline or mid-level workers, the organisations that employ them, and the system as a whole (Potter & Brough, 2004).

Not only must nutrition *learn* from efforts in other sectors but nutrition researchers and practitioners need to get better working at working with others. While recent global political attention means that nutrition is starting to lose its Cinderella status, there is still far to go to realize the ambition to seriously tackle childhood undernutrition, and the resources available still don’t match up (amounts pledged by donors in the summer of 2013 amount to less than 20% of the estimated costs of extending coverage of a package of effective interventions to 90% of the population in the highest burden countries by 2020). More mature debates on issues such as targeted *vs* universal primary care or vertical or horizontal co-ordination in dealing with the wider disease burden are moving back from an earlier trend of single interventions or sectoral silos to more integrated/comprehensive and universal solutions to health delivery at the community level (Kim *et al.*, 2013). The links between nutrition and wider health and poverty are so strong that the nutrition community cannot afford to be excluded from the debate on the delivery of wider health services.

## NOTES

1. At the United Kingdom run Nutrition for Growth event in June 2013, donors and governments announced a further \$23bn of new core or matched funding to tackle undernutrition to 2020 (\$4.1bn to nutrition-specific and \$19bn to nutrition-sensitive interventions).

2. All prevalence figures in this section from UNICEF-WB-WHO (2012).

3. Undernutrition is commonly measured in terms of *wasting* or low weight for height (significantly lower than average weight for children of that height); *stunting* or low height for age (significantly lower than

average height for children of that age); and/or in the ‘hidden-hunger’ of micronutrient deficiency caused by a lack of essential vitamins and minerals (measured via clinical signs or biomedical tests). Underweight or low weight for age (whether a child’s weight is significantly lower than the average for its age) has until now been the most common way to track undernutrition prevalence (and is part of MDG1), but is in fact a composite of wasting and stunting. So measuring for wasting or stunting or testing for micronutrient deficiencies are becoming the preferred means for tracking undernutrition prevalence, depending on context.



4. New research suggests that a subclinical condition of “environmental enteropathy” is widely prevalent among children in the developing world which further reduces absorption of key nutrients as well as degrading immune function, due to damage to the mucosa of the intestine (McKay, Gaudier, Campbell, Prentice, & Albers, 2010).
5. Such a perspective is consistent with wider approaches to redefining health care delivery as providing integrated and equitable services at a community level (Kim, Farmer, & Porter, 2013).
6. The current evidence base is not capable of quantifying estimates of the contributions such interventions can make to addressing undernutrition (Ruel & Alderman, 2013).
7. It has been shown repeatedly that household income growth is a necessary but not sufficient factor to tackle child undernutrition – see (Haddad, Alderman, Appleton, Song, & Yohannes, 2003).
8. A number of wider potential approaches to political economy analysis in nutrition are outlined in (Reich & Balarajan, 2012), while wider applications of political economy to development studies are described for an educated lay reader in (Mejía Acosta & Pettit, 2013).
9. We searched the databases Medline, Web of Science and Econlit for the terms “Nutrition” “Governance” and “Pol\*” with no data or language restrictions, with further checks in the ELDIS and Google Scholar for references in the gray literature.
10. While a useful simplification if applied uncritically there is a danger of moving toward a linear model of policy making, a disservice to the complexity of the relationship between actors, powers, and ideas captured by Clark.
11. South Asia Food & Nutrition Security Initiative <http://go.worldbank.org/5MTTJCJHD0> last accessed 08/05/13 – this paper also contains a useful review of political economy literature and approaches for a non-specialist audience.
12. Further details on the consultation findings and our methodology are provided in the Lancet online web appendix of Gillespie *et al.* (2013).
13. Additional concerns related to a variety of issues including the way the vision/agenda of SUN (goals, objectives, targets and timeframes) is defined and articulated, socio-cultural factors (especially gender), geographical factors (reaching the unreached) and sustainability.
14. Perhaps one of the most important works for development studies in this field is (Corbridge, Williams, Srivastava, & Véron, 2005) in Western India.
15. Farmer, Yong-Kim and others’ original approach was significant in seeing unequal access to health, education, knowledge, and resources structured by the wider politics of Haitian and global society as the explanatory variables behind high prevalence Multi-Drug Resistant TB (rather than patient behavior).
16. This includes a tendency to construct broad categories of individuals and families as *beneficiaries* sharing assumed traits (Prentice, 2010).
17. See <http://wphna.org/open-statement-from-india-on-the-lancet-series-on-nutrition-2013/> last accessed 25/10/2013.
18. As above – one of the biggest issues to stand out in our SUN consultations; not in terms of numbers of response, but in terms of depth of feeling and division, was the appropriate role of the private sector. Internal debates on whether India should join the Scaling Up Nutrition movement have also revolved over similar debates on whether or not SUN – via its links to the Global Alliance for Improved Nutrition (which has strong alliances with the private sector) – is a backdoor to corporate control over nutrition policy. In Bangladesh, similar concerns have been expressed over the importation of non-locally produced Ready to Use Therapeutic Foods. Without a doubt the role of the private sector in nutrition in high-burden countries will continue to be a divisive issue in years to come – and we have argued for the need for better evidence beyond the usual rhetoric on both sides (Gillespie *et al.*, 2013).
19. See the special issue of Economics and Political Weekly devoted to this subject – Economic and Political Weekly August 24 2013 vol. XLVIII No. 34.
20. Including the Lancet consultation mentioned here; (Nisbett, Haddad, Wach, & El-Arifeen, 2014).

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